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IBW \$1762

March 22, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RE: U.S. Patent Application of Michael L. Myrick, et al.
Entitled: Filter Design Algorithm for Multivariate Optical Computing
Serial No.: 09/964,194
Our Ref: 16139/09014


Dear Sir:

The following are being transmitted herewith:

1. Transmittal sheet (original plus 1 copy (2 sheets))
2. Fee Transmittal Sheet (1 sheet)
3. Petition for Extension of Time Under 37 CFR 1.136(a) (1 sheet)
4. Amendment (24 sheets, plus attachments A-E)
5. Information Disclosure Statement (1 sheet)
6. PTO-1449 (1 sheet)
7. Copy of Other Documents (1 document)
8. Check in the amount of \$690.00 (IDS/EOT)
9. Return Postcard

Please charge any deficiency or credit any overpayment required by this action to our Deposit Account No. 50-1196, for which purpose an extra copy of this transmittal letter is attached.

Very truly yours,



Lloyd G. Farr
Reg. No. 38,446

I hereby certify that this paper and any referenced attachment and/or fee are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit: March 22, 2006

Jennifer Villines

Typed name of person mailing paper or fee

Jennifer Villines

Signature



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 690.00**Complete if Known**

Application Number	09/964,194
Filing Date	September 26, 2001
First Named Inventor	Michael L. Myrick
Examiner Name	W. Markham
Art Unit	1762
Attorney Docket No.	16139/09014

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: 50-1196 Deposit Account Name: Nelson Mullins LLP et al.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	N/A
Design	200	100	100	50	130	65	N/A
Plant	200	100	300	150	160	80	N/A
Reissue	300	150	500	250	600	300	N/A
Provisional	200	100	0	0	0	0	N/A

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>
50	25
200	100
360	180

<u>Total Claims</u>	24	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
24	- 20 or HP =	0	x 25.00 =	0.00

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	3	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	- 3 or HP =	0	x 100.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

<u>Multiple Dependent Claims</u>	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
N/A	N/A

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
N/A	- 100 =	N/A / 50 =	1 (round up to a whole number) x	125.00 =	0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

<u>Fees Paid (\$)</u>
N/A
180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 38,446	Telephone (404) 817-6165
Name (Print/Type)	Lloyd G. Fair	Date	3-22-06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.